HEALTH ASSESSMENT CERTIFICATE FOR SEGREGATION (Annotate all medical information on SF 600 and maintain in the prisoner medical records.)					
1. CORRECTIONAL FACILITY/INSTALLATION			2. DATE (YYYYMMDD)		3. TIME
4. PRISONER NAME (Last, First, Middle)				5. REGISTRATION	N NUMBER
				00	
SEGREGATION AUTHORIZED BY A. PRINTED NAME (Last, First)		b. SIGNATURE			
a. 11411125 144112 (2001, 1 1101)		J. GIGIWATORA			
c. PURPOSE (X one)					
ADMINISTRATIVE SEGREGATION (AS)/ DISCIPLINARY SEGREGATION (DS)/					
On the below date and time, I have examined the	above named prisoner for	serious physical and m	ental injurie	s and illness requir	ing further immediate
medical attention, and find no medical reason(s) to	hat prohibit(s) segregated	housing as required at t	this time.	o arra iliriodo roquii	ing faction infinediate
7. REMARKS					
8. HEALTH CARE STAFF					
a. PRINTED NAME (Last, First, Middle Initial)	b. SIGNATURE		c. DATE (YYYYMMDD)	d. TIME
This form is maintained in the Prisoner's Co.	montional Transfer and ET				